



# Physical Biosciences Division Proposal Submission Authorization Form

A division review is required for all proposals submitted through Berkeley Lab for DOE and external agency funding. The Department Head's signature indicates the proposal has been evaluated and approved, the information is accurate and complete, and that the proposal can be submitted to the Division Director for review of the following:

- Technical merits
- Program fit (Does the proposal meet Physical Biosciences Division, Berkeley Lab, and DOE goals?)
- Estimated budget that includes EH&S costs. (Is the budget adequate and accurate?)
- Required and available support staff and facilities
- Space requirements

(When the Department Head and the Division Director approve the proposal, send the signed form and SAS to the Biosciences Proposal Office, MS: 941 Submitting the form alerts the Proposal office to assign a specialist to assist you. Contact BPO Manager, Jerry Kekos, 486-6889, [JMKekos@lbl.gov](mailto:JMKekos@lbl.gov).)

**Project Title:**

**Principal Investigator:**

**Budget Period:** \_\_\_\_\_ to \_\_\_\_\_

**Total \$K:** \_\_\_\_\_ **B&R or related Category:** \_\_\_\_\_

**DOE Office:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**WFO Agency:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Proposed Work is:**

☐ **New** ☐ **Renewal** ☐ **Continuation** ☐ **Revision (Re-review)**  
(No substantial change in scope of work or funding.) (No substantial change in scope of work or funding.) (Proposal was approved for submittal but substantial changes have been made to the science and/or the funding amount. The proposal will be re-reviewed. The re-review determines if the proposal will be resubmitted as a new or revised proposal.)

**Space**

☐ **Existing** ☐ **Present Location** ☐ **New**  
Project involves experimental work (physical measurements, instrumentation, chemicals, etc.): ☐ Yes ☐ No

*(200-word summary of project, participants, anticipated outcome, and potential markets)*

*A completed, signed Safety Assurance Statement must be attached to the proposal when it is submitted to the Biosciences Proposal Office.*

**Approved:**

\_\_\_\_\_  
**Department Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Graham R. Fleming, Division Director**

\_\_\_\_\_  
**Date**

cc: Kristin Balder-Froid, Mailstop 6-2100